

AMENDMENT TRANSMITTAL LETTERDocket No.
4140-0110PApplication No.
10/601,579-Conf. #8196Filing Date
June 24, 2003Examiner
J. R. BaxterArt Unit
3733

Applicant(s): Michael Harold JONES

Invention: SURGICAL NEEDLE HOLDER

MS Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	5	- 20 =	0	x 25.00	0.00
Independent Claims	1	- 3 =	0	x 100.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

☐ Large Entity☒ Small Entity☒ No additional fee is required for this amendment.☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 02-2448
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Joseph A. Kolasch

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